

PROVIDER AGREEMENT AMENDMENT FORM

Provider Name:	Provider Number:
Authorized Person on Provider Agreement:	Primary Contact Person:
Address:	Phone:
	Email Address:

The blue column indicates services that your agency is currently approved to provide through the 1915(c) HCBS Waiver for Individuals with I/DD. In the gold column, please check off all services in the corresponding row for which your agency requests approval to provide within your service array starting July 1, 2017.

NOTE: All services in the blue column are available in the Waiver effective July 1, 2016. The gold column includes a cross-walk to the corresponding service(s) that will be available effective July 1, 2017 (pending CMS approval of the amendment). **If you are not currently authorized for service(s) in the blue column and you want to request to add a “new” service to your approved service array, check the corresponding box(es) in the gold column.** DOH-DDD will then send you an Application for Additional Services through DDD-CRB.

CURRENT APPROVED SERVICES (Agency approved to provide under existing Provider Agreement)		NEW SERVICES (Agency requests to be approved by Amendment to Provider Agreement effective 7/1/17)	Service to be provided on:					
			Oahu	Hawaii	Maui	Molokai	Lanai	Kauai
Adult Day Health	<input type="checkbox"/>	Adult Day Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Community Learning Service – Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology	<input type="checkbox"/>	Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore	<input type="checkbox"/>	Chore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Outreach and Shelter	<input type="checkbox"/>	Waiver Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services: Pre-Vocational	<input type="checkbox"/>	Discovery and Career Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Benefits Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services: Individual	<input type="checkbox"/>	Individual Employment Support – Job Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Individual Employment Support – Job Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services: Group	<input type="checkbox"/>	<i>This service is no longer available</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Accessibility Adaptations	<input type="checkbox"/>	Environmental Accessibility Adaptations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistance Habilitation	<input type="checkbox"/>	Residential Habilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Additional Residential Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Community Learning Service – Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Personal Assistance Habilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response System	<input type="checkbox"/>	Personal Emergency Response System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>	Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing	<input type="checkbox"/>	Skilled Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialized Equipment and Supplies	<input type="checkbox"/>	Specialized Equipment and Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Consultation	<input type="checkbox"/>	Training and Consultation (see T&C att.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	Non-Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicular Modifications	<input type="checkbox"/>	Vehicular Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I attest that I have reviewed the above information for accuracy and completeness.

Authorized Provider Signee (PRINT Name)	Authorized Provider Signature	Date
FOR DDD USE ONLY	Date Rec'd by DOH DDD:	Date Submitted to DHS-MQD: